

DISTRICT OF COLUMBIA, CHILD AND FAMILY SERVICES AGENCY (CFSA)
SOLICITATION, OFFER, AND AWARD
SECTION A

1. ISSUED BY/ADDRESS OFFER TO: District of Columbia Child and Family Services Agency (CFSA) Office of Contracts and Procurement 955 D Street S.W. Suite 5200 L'Enfant Plaza Washington, D.C. 20024	2. PAGE OF PAGES: 1 OF 142 3. CONTRACT NUMBER: 4. SOLICITATION NUMBER: CFSA-04-R-0004 5. DATE ISSUED: December 2, 2003 6. OPENING/CLOSING TIME: January 15, 2004 4:00PM Local Time
7. TYPE OF SOLICITATION: <input type="checkbox"/> SEALED BID <input checked="" type="checkbox"/> NEGOTIATION (RFP)	8. DISCOUNT FOR PROMPT PAYMENT:
NOTE: IN SEALED BID SOLICITATION "OFFER AND OFFEROR" MEANS "BID AND BIDDER"	

SOLICITATION

9. Sealed offers in original and **10** copies for furnishing the supplies or services in the Schedule will be received at the place specified in block one (1), or if hand carried, in the depository located in block one (1) until **4:00 PM local time on January 15, 2004**.
CAUTION: LATE Submission, Modifications and Withdrawals: See Section L. All offers are subject to all terms and conditions contained in this solicitation.

10. INFORMATION CALL;	A. NAME: Roscoe Wade	B. TELEPHONE NUMBER: (202) 724-7580	C. E-MAIL ADDRESS: rwade@cfssa-dc.org
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OFFER (TO BE COMPLETED BY OFFEROR)

12. In compliance with the above, the undersigned agrees, if the offer is accepted within 180 calendar days (120 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, that with respect to all terms and conditions by the CFSA under "AWARD" below, this offer and the provisions of the RFP/IFB will constitute a Formal Contract. All offers are subject to the terms and conditions contained in the solicitation.

13. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledge receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):	AMENDMENT NO: 	DATE:
14. NAME AND ADDRESS OF OFFEROR:	15. NAME AND TITLE OF PERSONAL AUTHORIZED TO SIGN OFFER: (Type or Print)	
14A. TELEPHONE NUMBER: AREA CODE: NUMBER: EXT:	15A. SIGNATURE:	15B. OFFER DATE:

AWARD (To be completed by the CFSA)

16. ACCEPTED AS TO THE FOLLOWING ITEMS:	17. AWARD AMOUNT:
18. NAME OF CONTRACTING OFFICER: (TYPE OR PRINT) ROSCOE WADE	19. CONTRACTING OFFICER SIGNATURE:
20. AWARD DATE:	

IMPORTANT NOTICE: AWARD WILL BE MADE ON THIS FORM, OR ON CFSA FORM 26, OR BY OTHER AUTHORIZED OFFICIAL WRITTEN NOTICE